

WIOA ADULT/DISLOCATED WORKER
WORK EXPERIENCE TIMESHEET

PARTICIPANT NAME: _____

WORKSITE: _____

PAY PERIOD: _____

WEEK ONE

Day	Date	Hours Worked	Job Duties/Tasks Performed Daily (Required)
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
TOTAL HOURS WORKED			

WEEK TWO

Day	Date	Hours Worked	Job Duties/Tasks Performed Daily (Required)
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
TOTAL HOURS WORKED			

I certify that the above hours are correct.

Participant Signature _____ Date _____

Supervisor Signature _____ Date _____

This Timesheet must be completed, signed and dated prior to issuing payment to the participant.